healtheconnections®

health information exchange:

managing consent

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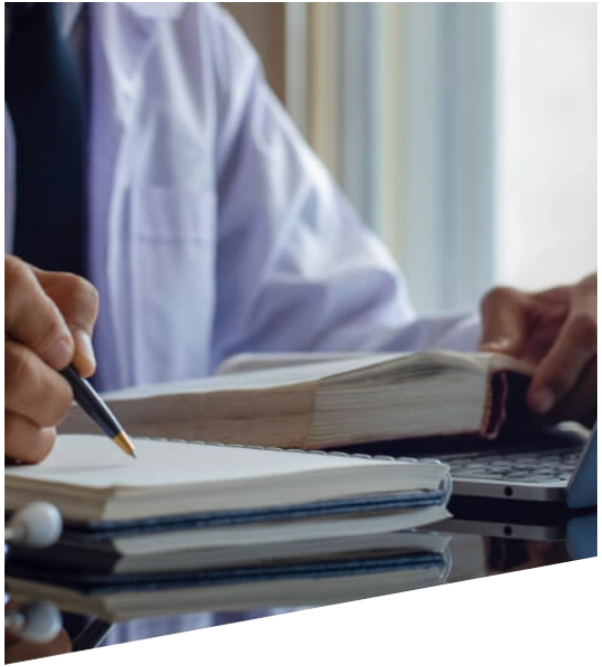


what is the HealtheConnections HIE?

Health information exchange (HIE) is the secure exchange of information across organizations and regions. We provide the capability to electronically move clinical information among different health care information systems.

- In operation since 2010
- No-cost HIE services readily available
- Additional analytics and incentive program consulting & resources
- On-call support team

✓ Improve Quality of Care

✓ Improve Clinician Experience

✓ Lower Cost of Care

✓ Improve Patient Experience

participants and data sources

More than 1,600 organizations across 4,200 locations are connected!

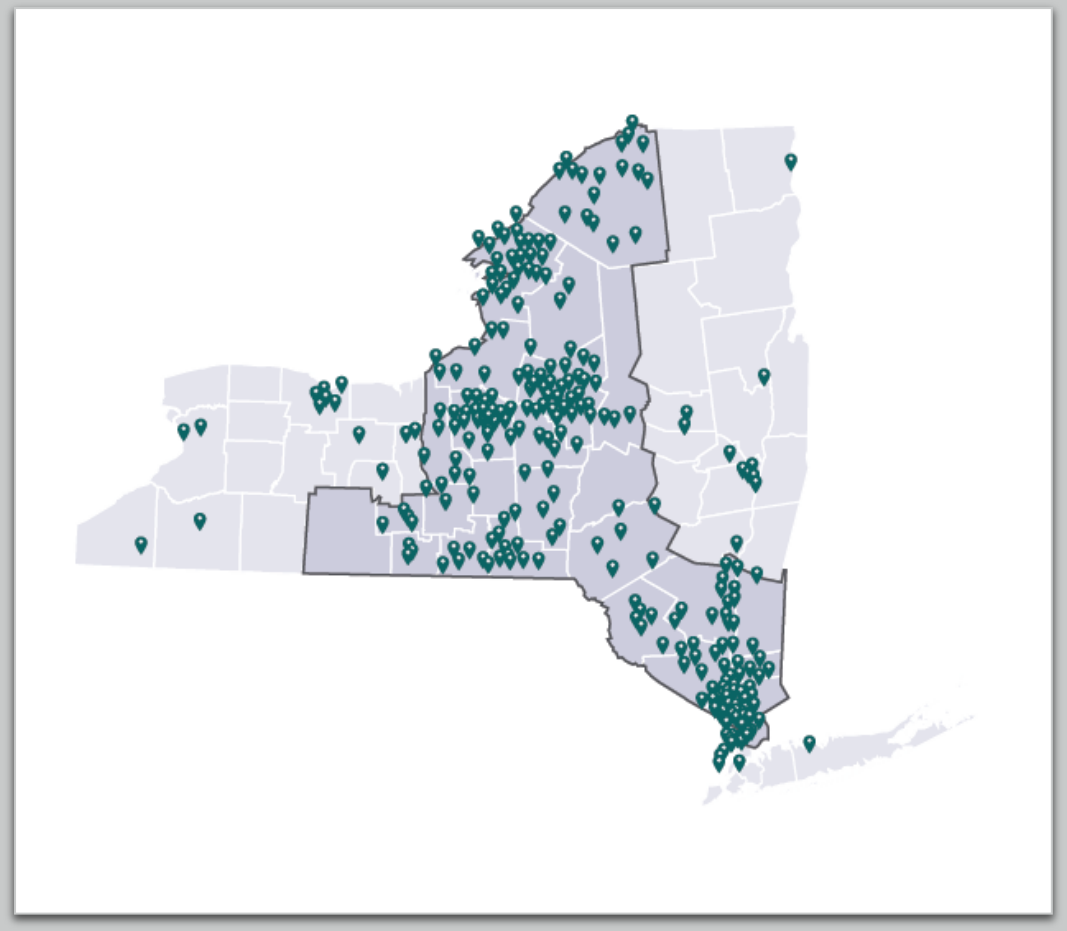
9 million patients are able to receive better care

26-county service area

420,000 unique patients accessed per month

4 million clinical summary documents received each month

More than 650 organizations providing data



information security

Patient and provider security is our top priority.

Audits are conducted regularly to ensure patient and provider security.

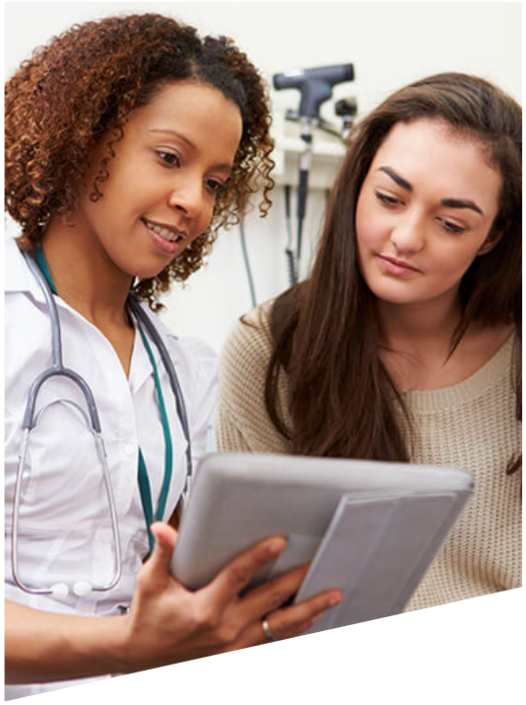
- Emergency Access: Break the Glass
- At patient request
- State-mandated periodic access reports
- …and more

HITRUST CSF Certified

Achieved HITRUST security certification with MARS-E requirements for myConnections portal, NextGen/Mirth HIE, and supporting infrastructure.

Learn more about HITRUST **here.**

healtheconnections services



Patient Lookup
Real-time patient records at the touch of a button

Image Exchange
Diagnostic-quality images through our universal viewer or your own system

Query-Based Exchange
Access information in state and from national databases

myResults
View labs, rads, and reports on your patients quickly and easily

myAlerts
Clinical alerts for hospital and ED admits, discharges and transfers

Results Delivery
Receive labs, rads, and reports directly into your EHR

Direct Mail
HIPAA-compliant secure mail & national provider directory

myData
Dashboards that allow users to better understand their patient profiles

understanding patient consent

NYS law requires that Participating Organizations obtain a patient's consent before viewing their PHI for non-emergency treatment

- HIE records may only be viewed for patients who provide an affirmative consent
- A patient's consent applies only to the Participating Organization that collected the consent form, not to all Participating Organizations
  - Patients only need to provide consent **one time**
  - A patient may change their consent option at any time by filling out a new consent form
- With the appropriate security role, any authorized user may access an affirmative-consenting patient's health record
- Providers cannot refuse treatment to patients based on willingness to provide consent
- For more information on how to talk to your patients about consent, visit our FAQ page

FACT: 95% of patients who are asked say YES!

importance of consent

A patient agreeing to share their medical history improves the care they receive.

When providers have access to a patient's medical record, they:

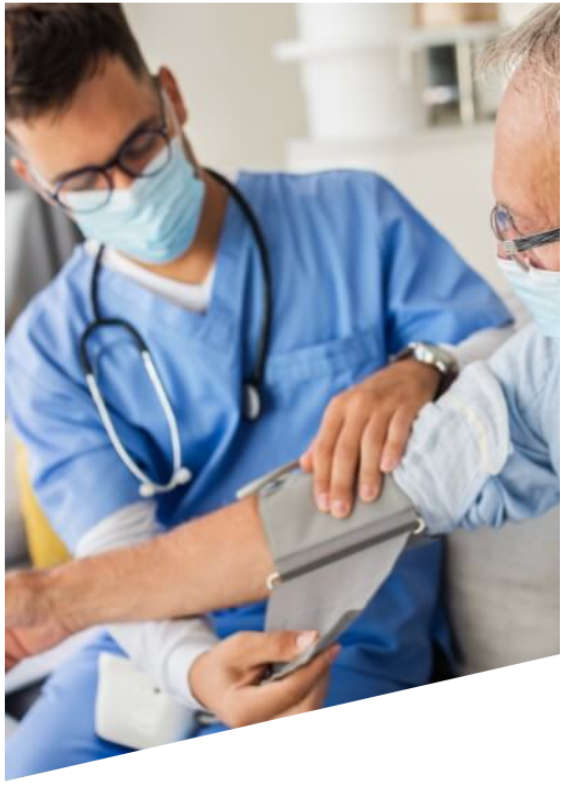
- Have a greater knowledge of that patient's medial history
- Can make better care decisions

It's that simple!

By confidently explaining consent choices and benefits to your patients, you are:

- Helping them make an informed decision
- Helping them receive better care

Patients who agree to give consent will not only receive better care, but they will save your organization time and improve efficiencies by not having to request records from other organizations!



talking to your patients

What to say:

“We use HealtheConnections to securely access your records and communicate with other providers that you see. Please check “yes” on this form and sign here, allowing us to access your comprehensive health record through this system — Things like allergies, medications, images, etc. from your other doctors or care providers. It’s important for us to fully understand your medical background and ensure we’re making the best decisions for your care.”

We have also created a **Consent Card** that you can print out and reference when talking to your patients about consent.

The most important point is that your patients know that this consent will help improve the quality of care they receive.

common questions from your patients

Why do I have to give consent?
New York State regulations require that patient consent be obtained prior to a health care provider's access.

Why does this matter to me?
Allowing providers like us access helps when you are:

- New to a practice
- Looking for a second opinion

This helps you:

- Avoid duplicate testing
- Trying to remember your detailed medical history
- Not have to lug around CDs with radiology images to give to your doctor

What happens when I agree to consent?
You're allowing us access to your medical information through HealtheConnections. We will be able to go into HealtheConnections' portal and securely pull up your information to help us view your community-wide health record.

Who can access my records?
Physicians and staff members who have a treating relationship with, and whom you've given consent.

Can I change my consent?
Yes. Consent can be changed at any time by filling out a new consent form and returning it to your healthcare provider.

who can sign consent?

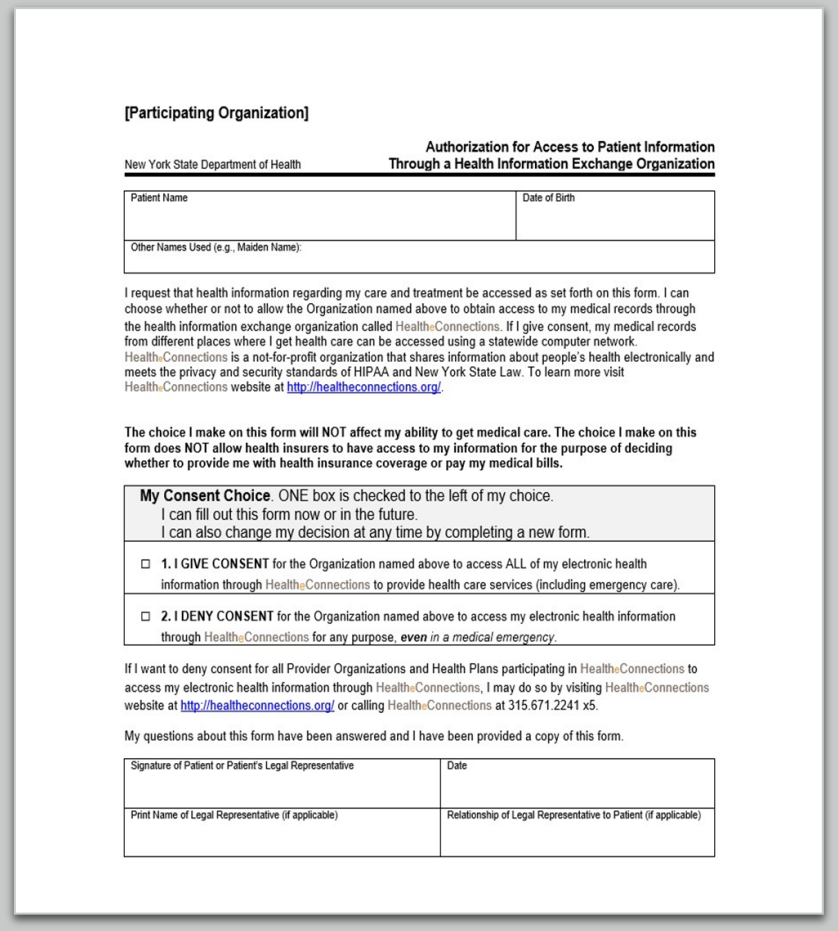
- **Patients under 18 years:** Parents, Legal Guardians, or State Officials can sign the consent form on behalf of the patient
- **Patients aged 18+ years:** May provide consent for themselves
- **Health proxy/representative:** If an agent is appointed by a patient in a health proxy document or due to incapacity to legally make healthcare decisions on behalf of the patient, that agent may provide consent for the patient

general consent form

1. Present the patient/legal representative with the consent form for your organization
2. Discuss and educate the patient/legal representative on the benefits of providing consent. This will help them make an informed decision.

- For help on how to talk to your patient about consent, refer to the **Consent Card.**

3. The patient/legal representative must choose only one box, and sign and date the form



[Participating Organization]

New York State Department of Health

Authorization for Access to Patient Information Through a Health Information Exchange Organization

Patient Name	Date of Birth
Other Names Used (e.g., Maiden Name):	

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow the Organization named above to obtain access to my medical records through the health information exchange organization called HealtheConnections. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. HealtheConnections is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit HealtheConnections website at http://healtheconnections.org/.

The choice I make on this form will NOT affect my ability to get medical care. The choice I make on this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

My Consent Choice. ONE box is checked to the left of my choice.
I can fill out this form now or in the future.
I can also change my decision at any time by completing a new form.

☐ **1. I GIVE CONSENT** for the Organization named above to access ALL of my electronic health information through HealtheConnections to provide health care services (including emergency care).

☐ **2. I DENY CONSENT** for the Organization named above to access my electronic health information through HealtheConnections for any purpose, ***even*** *in a medical emergency.*

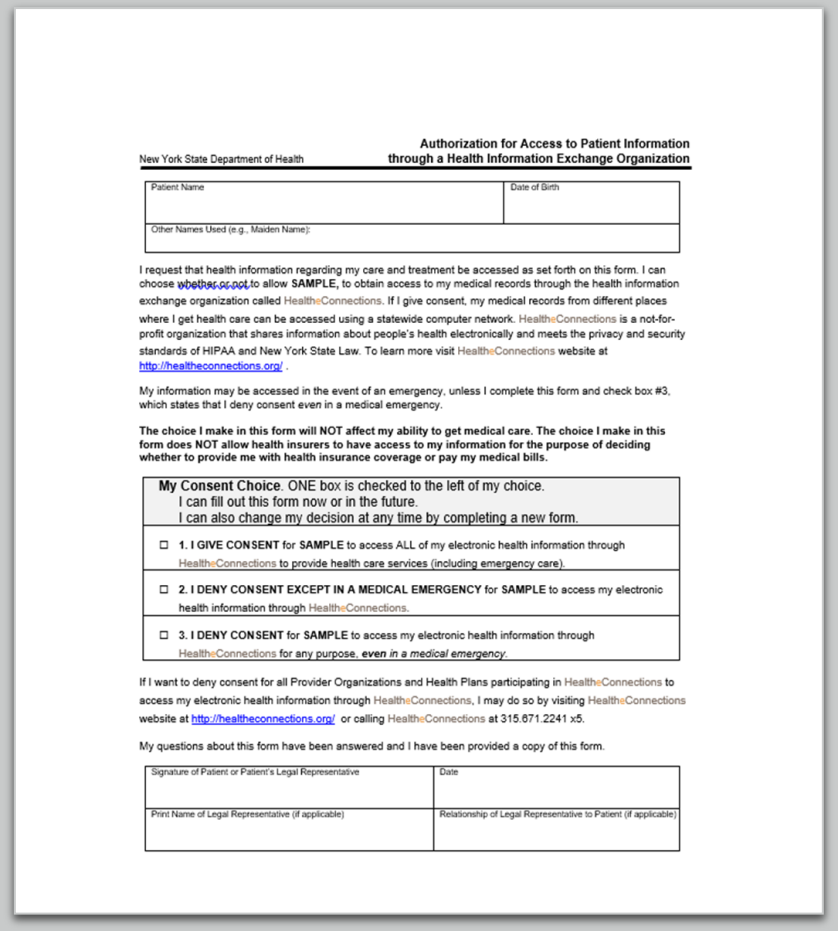
If I want to deny consent for all Provider Organizations and Health Plans participating in HealtheConnections to access my electronic health information through HealtheConnections, I may do so by visiting HealtheConnections website at http://healtheconnections.org/ or calling HealtheConnections at 315.671.2241 x5.

My questions about this form have been answered and I have been provided a copy of this form.

Signature of Patient or Patient's Legal Representative	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

emergency access consent form

1. **If your organization has Break the Glass rights**, this is the only consent form you will need; proceed to step 3
2. **If your organization does not have Break the Glass rights**, please refer to the consent form on slide 11
3. Present the patient/legal representative with the consent form for your organization
4. Discuss and educate the patient/legal representative on the benefits of providing consent. This will help them make an informed decision.
5. The patient/legal representative must choose only one box, and sign and date the form



New York State Department of Health

Authorization for Access to Patient Information through a Health Information Exchange Organization

Patient Name	Date of Birth
Other Names Used (e.g., Maiden Name):	

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow **SAMPLE,** to obtain access to my medical records through the health information exchange organization called HealtheConnections. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. HealtheConnections is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit HealtheConnections website at http://healtheconnections.org/ .

My information may be accessed in the event of an emergency, unless I complete this form and check box #3, which states that I deny consent *even* in a medical emergency.

The choice I make in this form will NOT affect my ability to get medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

My Consent Choice. ONE box is checked to the left of my choice.
I can fill out this form now or in the future.
I can also change my decision at any time by completing a new form.

☐ **1. I GIVE CONSENT** for **SAMPLE** to access ALL of my electronic health information through HealtheConnections to provide health care services (including emergency care).

☐ **2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY** for **SAMPLE** to access my electronic health information through HealtheConnections.

☐ **3. I DENY CONSENT** for **SAMPLE** to access my electronic health information through HealtheConnections for any purpose, ***even in a medical emergency.***

If I want to deny consent for all Provider Organizations and Health Plans participating in HealtheConnections to access my electronic health information through HealtheConnections, I may do so by visiting HealtheConnections website at http://healtheconnections.org/ or calling HealtheConnections at 315.671.2241 x5.

My questions about this form have been answered and I have been provided a copy of this form.

Signature of Patient or Patient's Legal Representative	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

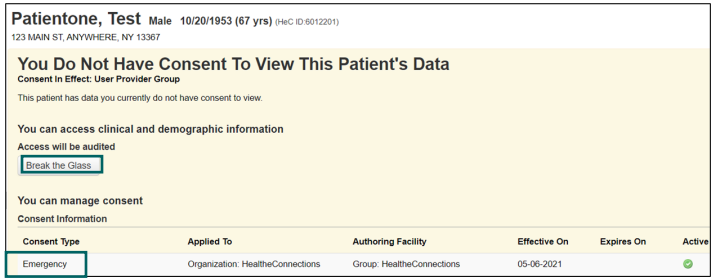
emergency access: break the glass

- Break the Glass is the emergency access option within the HIE. **This is only available to a limited number of designated providers.**

Break the Glass is designed for:

- Emergency Departments
- Authorized hospital providers
- Other select organizations

"Break the Glass" access may only be used to access a patient record in the case of an emergency in accordance to Public Health Law Section 2504(4)



community-wide deny consent

Community-wide Deny Consent is used when the patient does not want any participating organization of HealtheConnections to access their information.

This consent must be entered by HealtheConnections Support.

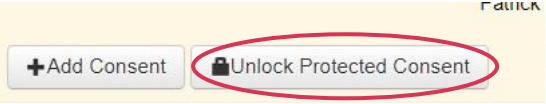
If patient requests this, you can:

- Give the patient a Community-Wide Deny form and submit it to HealtheConnections on their behalf
- Instruct the patient to visit an HeC office with photo identification to complete the form
- Instruct the patient to contact HeC directly for a form, have it notarized, and mailed to HeC

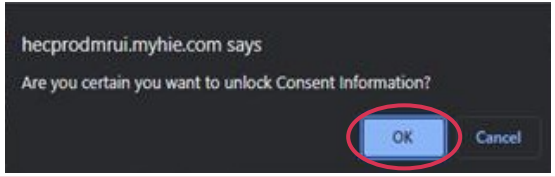
unlock protected consent

For users who view consent values through the myConnections portal: In order to see patients who have selected a “no” or “emergency” consent option, follow the steps below:

1. Patients who have selected a “no” or “emergency” consent option will populate an additional **Unlock Protected Consent** button.



2. After clicking the button, a pop-up window will ask if you’re certain you want to proceed; click “Ok”.



3. If there is a “no” or “emergency” consent on file, but it needs to be changed, obtain the patient’s updated consent form and send an encrypted, secure email to our Support Team; **support@healtheconnections.org**

4. Our support team will then review and confirm the consent form and submit the change.

5. If there is a Community-wide Deny Consent on file, then the patient does not want any participating organization of HealtheConnections to access their information.

This is what an on-file Community-Wide Deny will look like in the portal:

capturing and maintaining consent

Capturing Consent

Patient consent can be captured in two ways, depending upon your facility's capabilities:

- Authorized Users can log into myConnections, look up a patient and enter the patient's consent directly via the portal
- Hospitals and other facilities capture patient consent in their EHRs, which is then sent over electronically to HealtheConnections

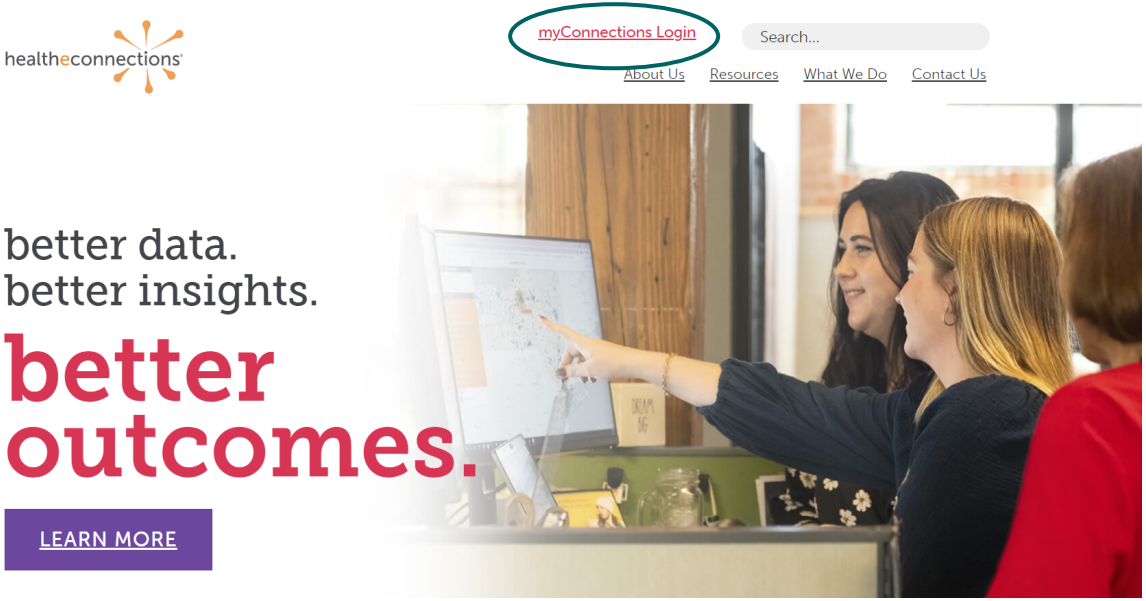
Maintaining Consent

Patient consent forms must be kept on file for six (6) years

- Signed paper consent forms can be stored in patient charts OR electronic (scanned) copies of the consent forms can be kept on file
- Consents are subject to periodic auditing
  - A copy of the patient's signed consent form must be made available in the event of an audit

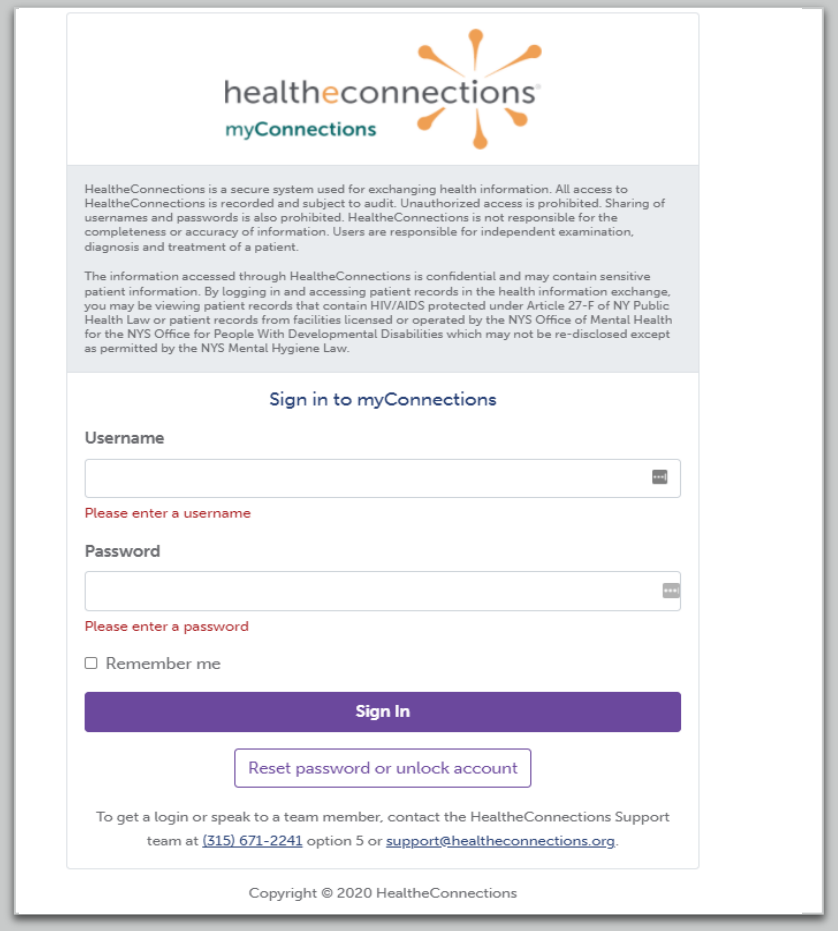
accessing healtheconnections

- Visit our website
- Click on “myConnections Login” to access our portal, then bookmark the page



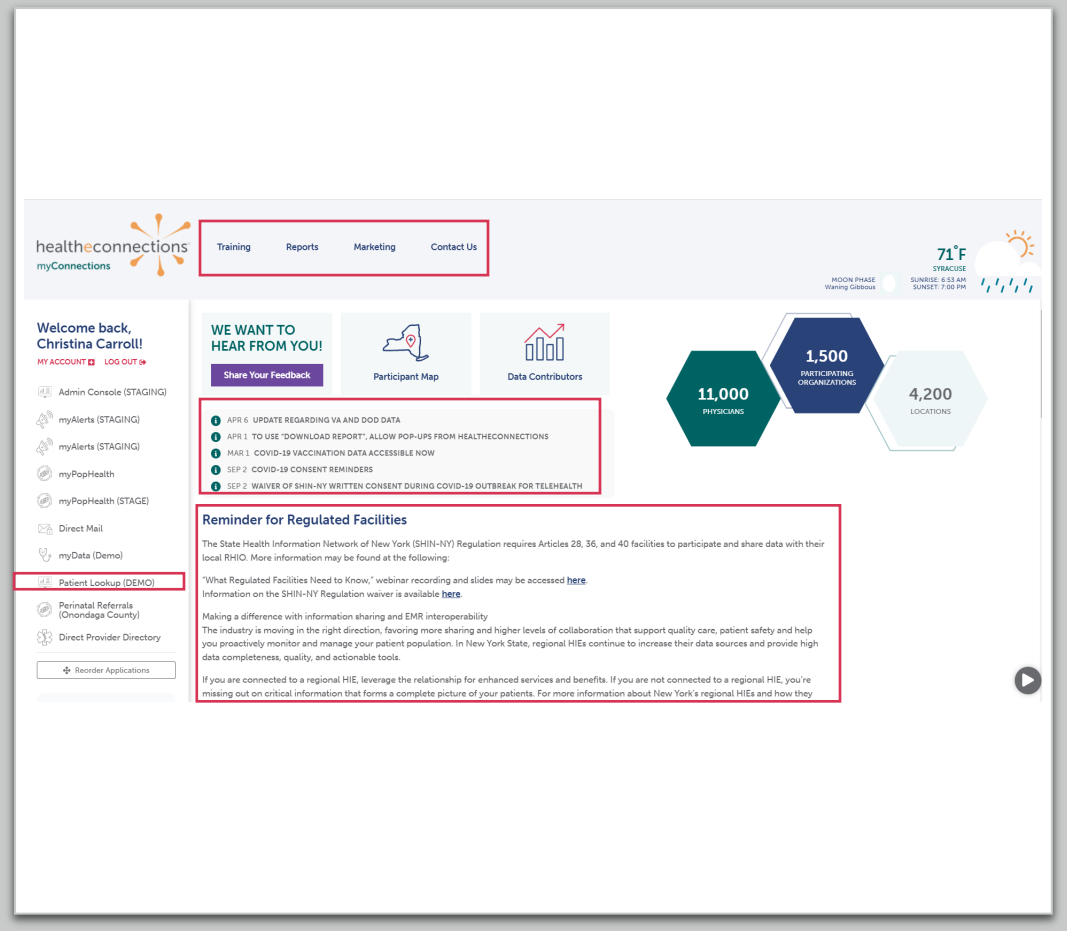
Logging into myConnections

- Enter your username and password.
- Click “Sign In”
- If you forgot your password or have been locked out of your account, click the “Reset password or unlock account” button. You’ll receive an email from **noreply@okta.com**, which may go to your Junk folder. If it is not in your Junk folder, contact our Support team at **support@healtheconnections.org.**



myConnections

- When you first log in, you will see the home screen dashboard
- Important information, such as notices, training, news, and more are included on this screen and should be regularly referenced
- To access your patient's information, click on “Patient Lookup”

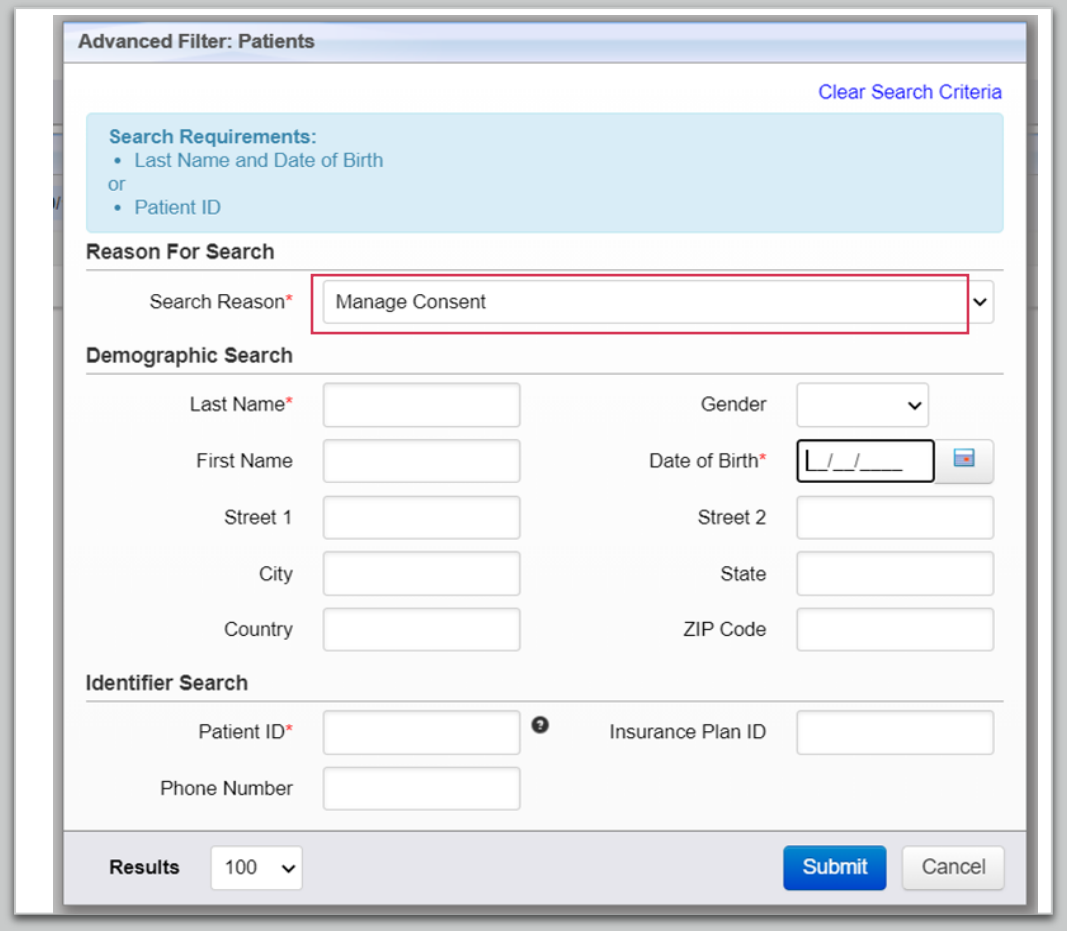


patient search

NOTE: If your organization collects consent through your EMR do not follow this step. Enter the value as directed by your EMR representative.

- There must be a **Reason** selected in order to execute a search

- The reason automatically defaults to Treatment; however, you can choose the **Manage Consent** option by clicking the down arrow

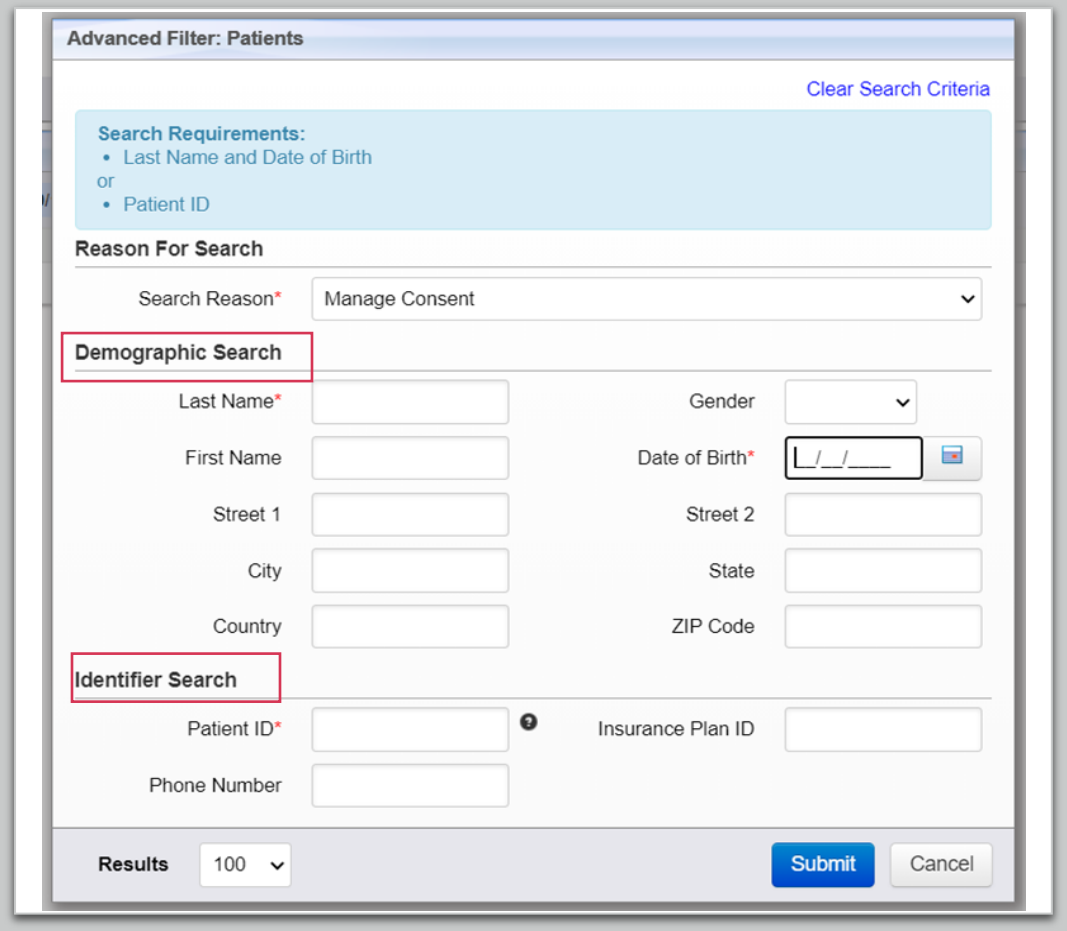


patient search

You may search for the patient by using either:

- Demographic Search where **Last Name and Date of Birth** are required (identified with asterisks)
- Identifier Search by using the **Patient ID** which is the patient's Hospital Medical Record Number and is required for this type of search (identified with asterisk)

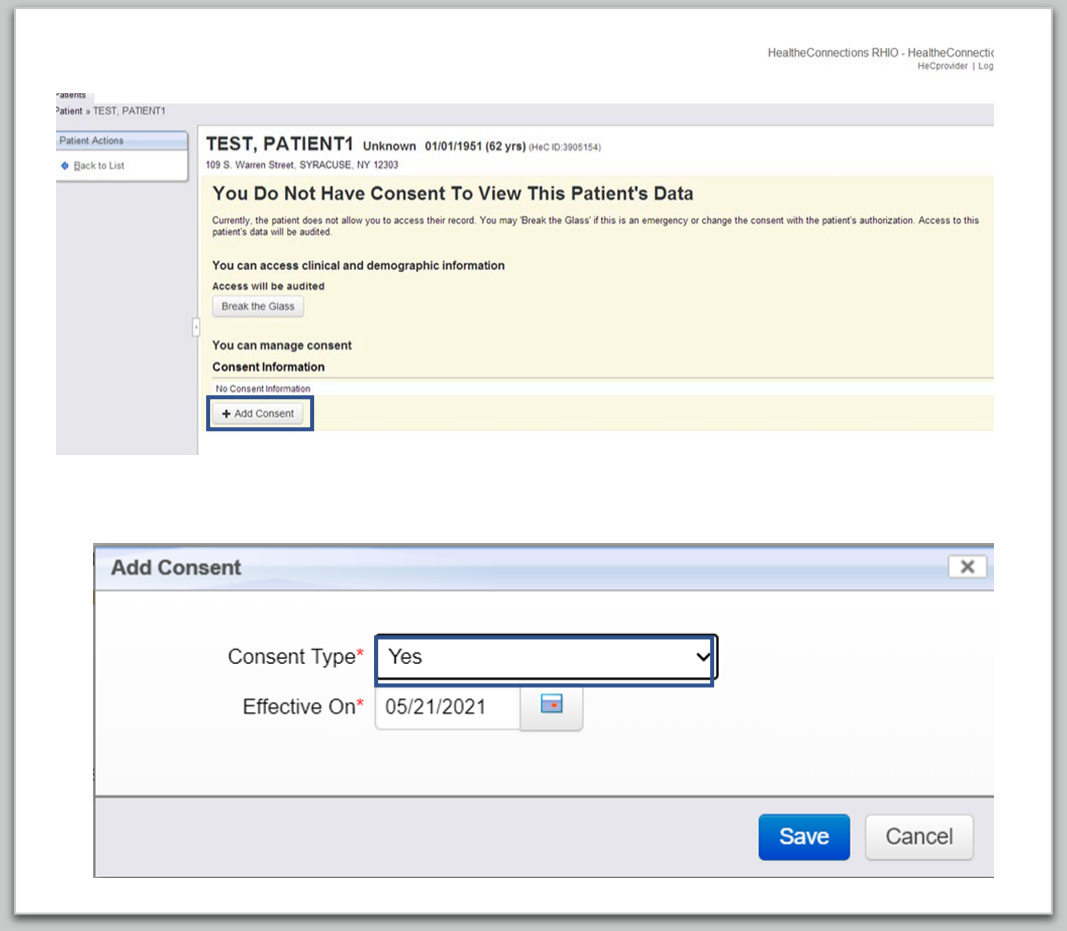
You can further refine your search by filling out the other data elements, however they are not required



capturing consent

- Click Add Consent to capture the consent choice indicated by the patient on the consent form for your organization
- Click Submit to save the consent choice

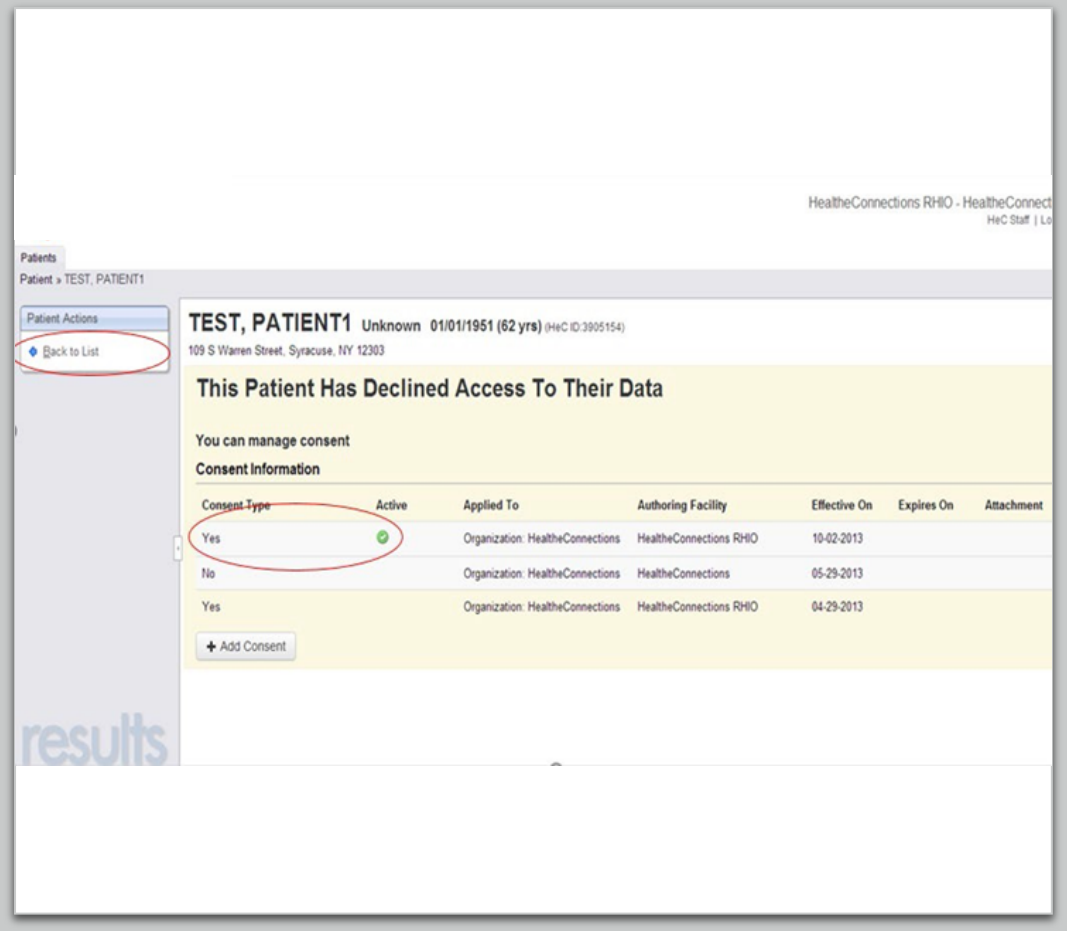
NOTE: The “Effective On” date should reflect the date of the patient/legal representative’s signature



capturing consent

Once consent is saved, the captured value will be indicated by a green check mark.

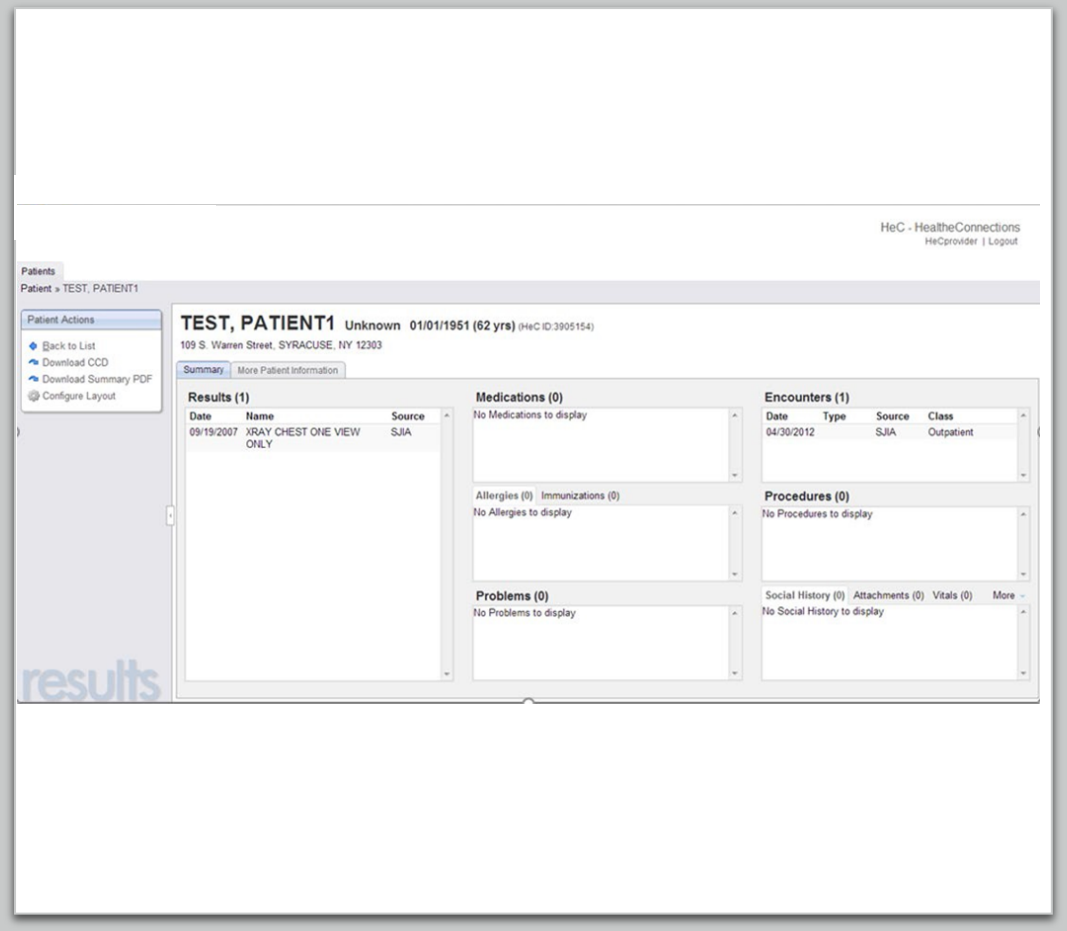
- If consent is **“Yes”** you will be allowed to access the **Summary screen** by clicking **Back to List** then clicking on the patient’s name
- If consent is **“No”** you will see a screen stating that you do not have consent to view this patient’s data and your access to the patient’s record is blocked
- If consent is **“Emergency”** you will be presented with the option to **Break the Glass** for an emergency situation if you have proper security privileges



viewing consent status

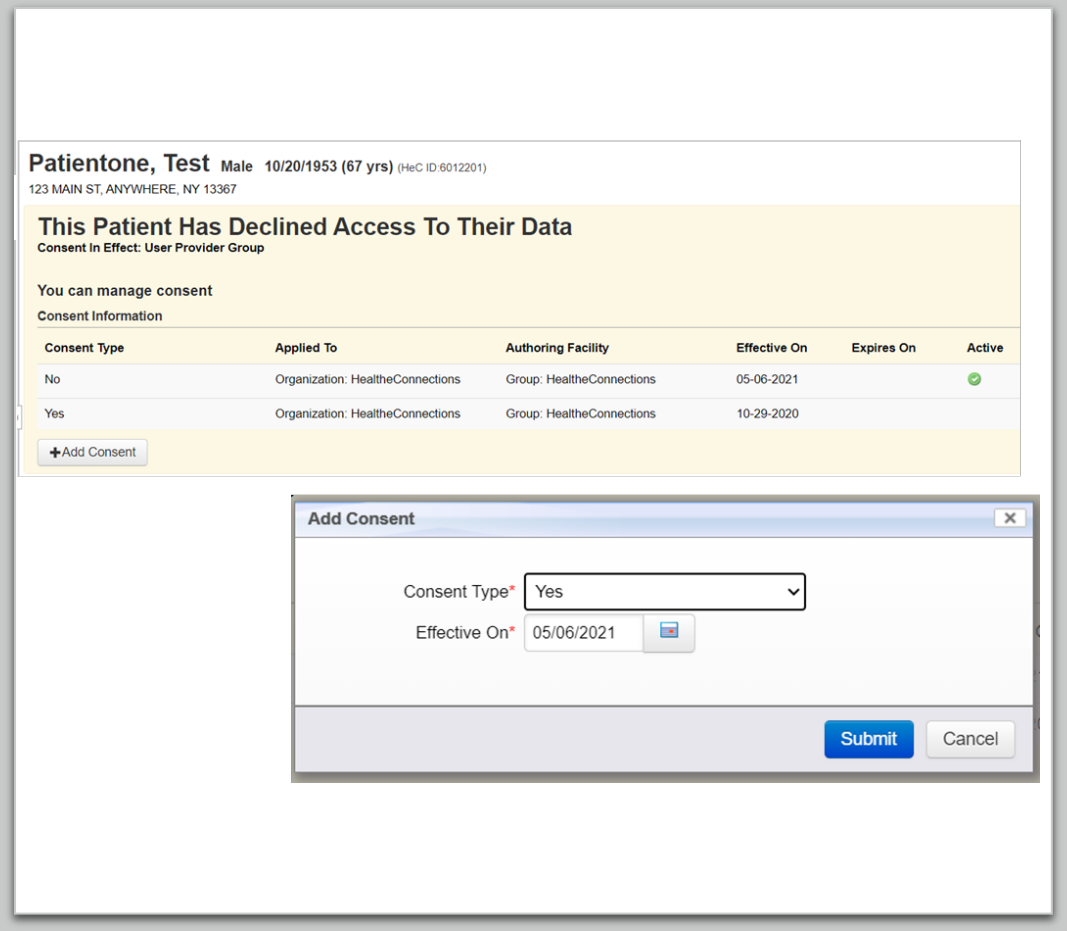
- When consent status is **“Yes,”** you will automatically be directed to the Summary screen after searching and selecting the patient from **Patient Lookup**

- Click on the **More Patient Information** tab to view current consent information



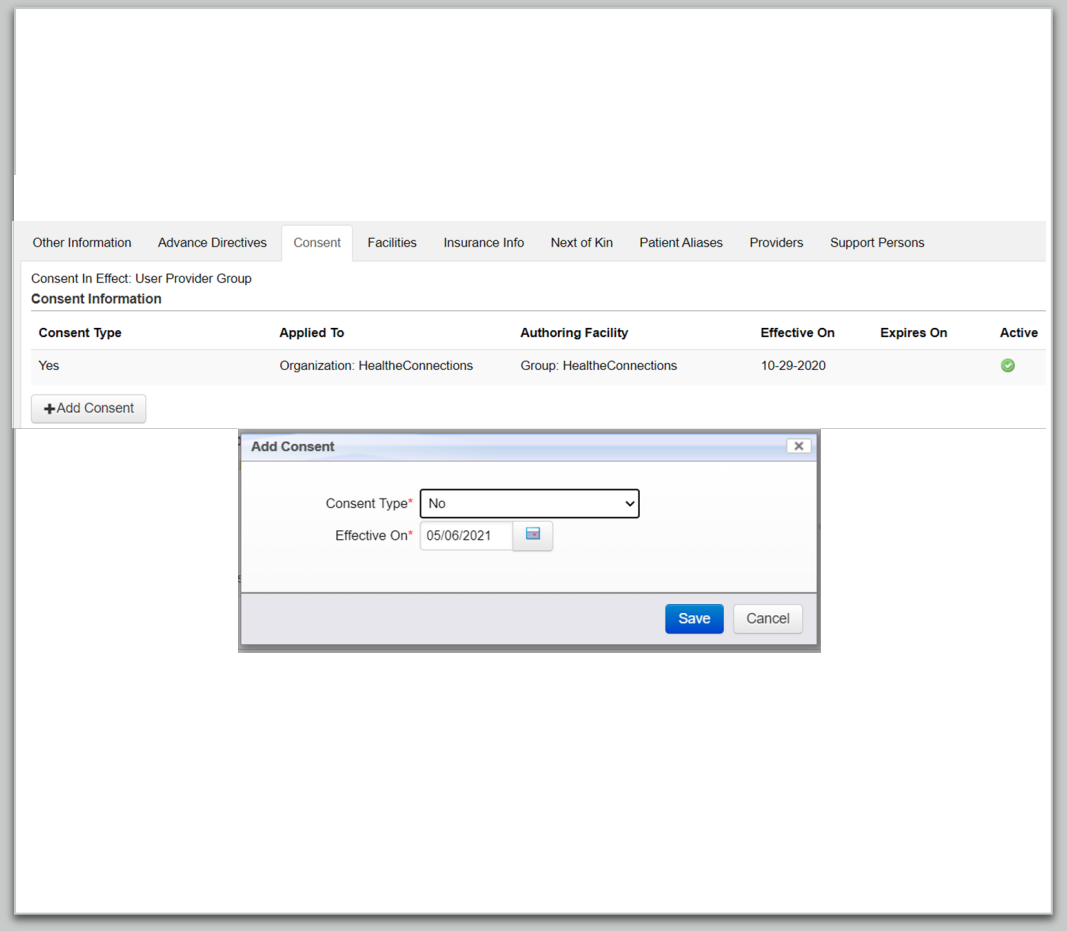
changing the consent value to “yes”

- The consent value that is currently active will be indicated by a green check mark
- To change the consent value to “**Yes**”, click the **“+Add Consent**” button
- Then, from the dropdown menu select “**Yes**” and input the effective date and click “**Save**”
- The consent value has now been changed to “**Yes**” and you will have access to that patient’s records



changing the consent value to “no”

- The consent value that is currently active will be indicated by a green check mark
- To change the consent value to “**No**”, click the **“+Add Consent**” button
- Then, from the dropdown menu select “**No**” and input the effective date and click “**Save**”
- The consent value has now been changed to “**No**” and you will have access to that patient’s records



minor-consented services override

Patients under 18 years old can override parental/guardian consent for a minor consented service if:

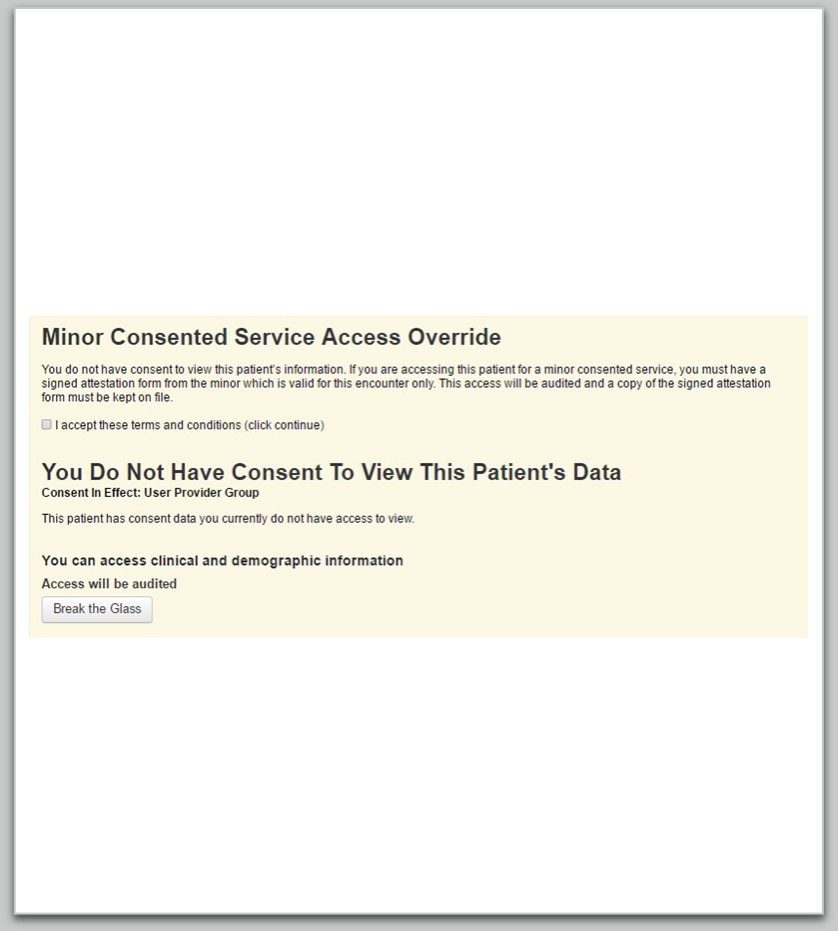
- The parent/guardian has not previously consented
- The parent/guardian has selected “Deny” or “Deny, Except in an Emergency”

A minor cannot override a “YES” consent provided by a parent or legal guardian

Overrides remain in effect ONLY for the duration of the visit and expires upon logging out of your account.

Parent/guardian shall never be provided information about the minor-consented service or consent override unless authorized by the minor.

Detailed instructions and policies surrounding this option are provided on our **website**.



support options

HealtheConnections Support 24/7:

- Email: **support@healtheconnections.org**
- Direct Email: **support@hiemail.healtheconnections.org**
- Phone: **315-671-2241 ext. 5**

Contact Method	Business Hours	Off Hours
Phone	Immediate	Immediate
Voice Mail	2 hrs	4 hrs
e-mail	4 hrs	Next Business Day

Others to support you:

- Your RHIO Administrator
  - If you do not know who your RHIO Administrator or Account Manager is, contact **support@healtheconnections.org**

support options

Training Materials

- Policy and Procedure for Authorized Users and Authorized User Training Guide
- Additional materials and forms are available here.

myConnections:

- If you forgot your password or have been locked out of your account, click the “Reset password or unlock account” button.
- You’ll receive an email from noreply@okta.com, which may go to your Junk folder. If it is not in your Junk folder, contact our Support team at **support@healtheconnections.org**

thank you!

support@healtheconnections.org
315-671-2241 x5